

Chapter 2

Filing the Notice of Appeal

Now that you have determined that you *can* file an appeal, the first thing you need to do is file and serve your Notice of Appeal. Step 4 will tell you how to do this, how much it will cost and what happens if you do not pay on time.

Step 4. How does the appellant prepare the Notice of Appeal?

Look at the instructions and form on pages 2-3 and 2-4. In the upper left-hand corner of the form is the place where the name and address of the attorney or the self-represented appellant goes. Below that is the name of the case (the **caption**) as it appeared on the papers in the superior court. The case number (item 7) is the superior court number. The appellant fills in the judgment and/or order that is being appealed and the date of the entry of judgment or order. The appellant, the attorney for the appellant, or the self-represented appellant bringing the appeal signs the *Notice of Appeal*. Once appellant has completed the *Notice of Appeal*, a copy must be “served on” all parties and the original must be filed with the superior court appeals section.

What is service? Service of documents means mailing or hand-delivering. You let the parties know what you are doing by having copies of the documents you plan to file with the court—in this case, the *Notice of Appeal*—mailed or hand-delivered to them. **Copies of all of the documents you prepare should be served on all counsel and self-represented parties, and the original filed with the court.** A document may be hand-delivered or mailed only by someone who is over the age of 18 and is not a party to the lawsuit. For example, if you are self-represented in an appeal, you cannot hand-deliver or mail your *Notice of Appeal* to the parties. Someone else, an adult who is not a party, must do it for you.

How do you know the document was served? A *Proof of Service* which must be filled out and attached to each document you file can be found on pages 2-5 through 2-7. Depending on whether you are having service done by mail or in person, the person doing the service needs to fill out the *Proof of Service* properly. The originals of the *Notice of Appeal* and *Proof of Service* are filed with the **appeals section** of the superior court. (CRC rule 1(a).) For the locations of superior courts in San Diego and Imperial Counties, see page 2-16.

Is there a charge for filing an appeal? The appellant must include a \$655 filing fee by check, money order, or cash along with the *Notice of Appeal* unless the appellant has a fee waiver. A check or money order should be made payable to “Clerk, Court of Appeal.” A second check or money order for \$100, made payable

to “Clerk of the Superior Court,” must also be included and is a deposit for the clerk’s transcript. This second check need not be included if you, as appellant, plan to prepare an appendix under rule 5.1, described later.

Will the court waive the filing fee? If you, as appellant, have a fee waiver from the superior court for the case number(s) you are appealing, include a copy of the fee waiver with the *Notice of Appeal*. If you, as appellant, did not get a fee waiver in superior court, you may apply to the Court of Appeal for a waiver under rule 985. (CRC rule 1(b).) A fee waiver allows persons below a certain income level to file their appeals without paying the filing fee. (See pages 2-8 through 2-15 for information on fee waivers.)

What happens if fees are not paid? If these fees are not paid or waived, or if the appellant’s check bounces, the court gives the appellant notice that he or she has 15 days to pay the fee or have it waived before the appeal is dismissed. If the matter is dismissed, the court may, upon a motion, reinstate the appeal if there is a good reason why the payment is late. (CRC rule (1)(c).) If the court grants the motion to reinstate the appeal, it gives a specific time for payment(s) to be made.

NOTICE OF APPEAL - INSTRUCTIONS

In order to appeal you must be "aggrieved". To be "aggrieved" the lower court or administrative agency must have entered a judgment or order that affects your legal rights or costs you money. Usually you must have been a party in the case in the lower court. You may not appeal on behalf of a spouse, child or other relative (unless you are a legally appointed guardian), or a friend. The notice of appeal is filed in the superior court and should be accompanied by a check, money order or cash of \$655.00 which is the filing fee. Checks or money orders should be made payable to "Clerk, Court of Appeal". A second check or money order for \$100.00 made payable to "Clerk of the Superior Court" is a deposit for the clerk's transcript. This second check need not be included if you, as appellant, plan to prepare an appendix under rule 5.1. If you do not have the money for the filing fee, an application for waiver of court fees and costs must accompany the notice of appeal. (See pages 2-8 through 2-12, for Application for Waiver of Court Fees and Costs.)

Filling out the Notice of Appeal form:

- (1) Your name.
- (2) Your mailing address.
- (3) Your city, state and zip code.
- (4) Your telephone number where you can be reached during the day.
- (5) The plaintiff's name as it appears on your superior court caption.
- (6) The defendant's name as it appears on your superior court caption.
- (7) The superior court number from your superior court case.
- (8) Your name.
- (9) Describe the judgment or order you are appealing.
- (10) The date of the superior court file stamp on the judgment or order you are appealing.
- (11) Current date.
- (12) Your signature.
- (13) Type or legibly print your name.

File:	Original plus fees in Superior Court
	Bring an extra copy to be file-stamped for your file.
Serve:	All counsel
	All self-represented parties

(1)
(2)
(3)
(4)

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SAN DIEGO

(5) _____,
Plaintiff,
v.
(6) _____,
Defendant.

Superior Court No. (7) _____.

NOTICE OF APPEAL

NOTICE IS HEREBY GIVEN that (8) _____, appeals from
(9) _____ entered on
(10) _____.

DATED: (11) _____

(12) _____
Signature

(13) _____
Type or Print Name

**PROOF OF SERVICE
INSTRUCTIONS FOR SUPERIOR COURT
OR COURT OF APPEAL**

Each document you prepare must be served on all counsel and self-represented parties in your case. The document may be served by mail or hand-delivery by someone who is over the age of 18 and not a party to the appeal. **If the document is a brief, you must serve one copy on the Superior Court and five copies on the California Supreme Court as well as all counsel and self-represented parties.**

How to serve a document:

Make a copy of your document for each party you wish to serve. You may use the attached Proof of Service form and type or write legibly the information requested. The original Proof of Service must be attached to the document you are filing with the court and a copy of the Proof of Service must be attached to each copy of the document you serve on the parties.

Filling out the Proof of Service form:

- (1) The case name in Superior Court or Court of Appeal.
- (2) The Superior Court case number or the Court of Appeal case number.
- (3) Check whether service is by mail or in person.
- (4) Do nothing here, just read to make sure you are over 18 years of age and not a party to the action.
- (5) The home or business address of the person serving the documents.
- (6) Insert the name of the document being served.
- (7) Fill out if the service is by mail. (If not by mail then fill out number (8) below.)
 - a. Check if serving by mail. If service is in person go to number (8).
 - (1)(a) Check if deposited in U.S. mail in sealed envelope with proper prepaid postage. OR
 - (1)(b) Check if placed in location following normal business practices with which you are familiar. On the same day it was deposited in U.S. mail in a sealed envelope with proper prepaid postage.
 - (2)(a) State the full names of all the parties or their attorneys to whom documents are mailed.

(2)(b) State the full address of all the parties or their attorneys to whom the documents were mailed.

(2)(c) Insert date of mailing.

(2)(d) Insert city and state where envelope was mailed.

(8) Fill out if the service is in person. (If not in person then fill out number (7) above.)

b. If service is personal, check here.

(1) Name of the person you gave the documents to.

(2) Address where the person was served.

(3) Date the documents were delivered.

(4) Time the documents were delivered.

(9) Today's date.

(10) Print or type the name of the person actually serving the documents.

(11) The signature of the person who actually served the documents that the foregoing is true and correct.

An original Proof of Service must be attached to every original document filed with the court. A copy of the Proof of Service must be attached to every document served on all counsel and self-represented parties.

CASE NAME: (1)	CASE NUMBER: (2)
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NOTICE: A copy of this document must be mailed or personally delivered to the other party or parties to this appeal. YOU MAY NOT PERFORM THE MAILING OR DELIVERY YOURSELF. You must have a person who is at least 18 years old complete the information below and mail (by first-class mail, postage prepaid) or personally deliver the front and back of this document. When the form and back of this document have been completed and a copy mailed or personally delivered, the original may then be filed with the court.

PROOF OF SERVICE

(3) ☐ Mail ☐ Personal Service

(4) 1. At the time of service I was at least 18 years of age and not a party to this legal action.

(5) 2. My residence or business address is (specify):

3. I mailed or personally delivered a copy of the (6) as follows (complete either a or b):

(7) a. ☐ Mail. I am a resident of or employed in the county where the mailing occurred.

(1) I enclosed a copy in an envelope and

(a) ☐ deposited the sealed envelope with the United States Postal Service, with the postage fully prepaid.

(b) ☐ placed the envelope for collection and mailing on the date and at the place shown in items below, following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.

(2) The envelope was addressed and mailed as follows:

(a) Name of person served:

(b) Address on envelope:

(c) Date of mailing:

(d) Place of mailing (city and state):

(8) b. ☐ Personal delivery. I personally delivered a copy as follows:

(1) Name of person served:

(2) Address where delivered:

(3) Date delivered:

(4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: (9)

(10)
(TYPE OR PRINT NAME)



(11)
(SIGNATURE OF DECLARANT)

PROOF OF SERVICE

APPLICATION FOR WAIVER OF COURT FEES AND COSTS - INSTRUCTIONS

When you file your notice of appeal, there is a filing fee of \$655.00 which is due at the time of filing. A deposit of \$100.00 needs to be paid to the Superior Court if you want it to prepare a clerk's transcript for you. If you feel you cannot afford these fees, you may fill out an Application for Waiver of Court Fees and Costs. Generally, you would file the application in the Superior Court when you file your notice of appeal. If you did not file the application in Superior Court you may file it in the Court of Appeal.

Filling out the Application for Waiver of Court Fees and Costs form:

- (1) Your name, mailing address, city, state, zip code and telephone number where you can be reached during the day.
- (2) The name of the court in which you are filing the application. Addresses for the downtown, North County and Imperial County Superior Courts and the Court of Appeal are found on page 2-16.
- (3) The plaintiff's name as it appears on your Superior Court caption.
- (4) The defendant's name as it appears on your Superior Court caption.
- (5) The Superior Court number from your Superior Court case. If you happen to have a Court of Appeal number, also put it here.
- (6) If you can't pay any of the court fees or costs, check box "a". If you can pay part of the court fees or costs, check box "b" and then write down what you can pay.
- (7) Your street address, city, state, zip code and telephone number where you can be reached during the day.
- (8) Write your occupation, employer and employer's address. If you do not have a job, write "unemployed". If you have a spouse and your spouse has a job, write your spouse's occupation, employer and employer's address. If your spouse does not have a job, write "unemployed".
- (9) If you are receiving financial assistance check box 4, then check the box or boxes next to the type of assistance you are receiving.
- (10) If you checked box 4 you have to fill out one of three boxes. Check only one box. If you check box "a" you must write your Medi-Cal number. If you check box "b" you must write your Social Security number and your birth date. If you check box "c" you need to attach verification documents which are listed on the Information Sheet on Waiver of Court Fees and Costs. After you have checked one of these boxes, you are done. Go to the bottom of the form and date and sign it, you do not need to fill out anything else.

(11) Check this box if your gross monthly income is less than the amount shown on the Information Sheet on Waiver of Court Fees and Costs. If you check this box, fill out page 2-12 and date and sign the bottom of page 2-11.

(12) Check this box if your income is not enough to pay for the common necessities of life for yourself and your family and still pay court fees and costs. If you check this box, you have to complete the entire back side of the form, then date and sign the bottom.

(13) Current date.

(14) Type or print your name.

(15) Your signature.

**INFORMATION SHEET ON WAIVER
OF COURT FEES AND COSTS
(California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

— OR —

2. Your total gross monthly household income is equal to or less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 935.42
2	1,262.50
3	1,589.58
4	1,916.67
5	2,243.75

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,570.83
7	2,897.92
8	3,225.00
Each additional	327.08

— OR —

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

To apply, fill out the Application for Waiver of Court Fees and Costs (Form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): (1) TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (name): _____	FOR COURT USE ONLY
NAME OF COURT: (2) STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: (3) DEFENDANT/RESPONDENT: (4)	
APPLICATION FOR WAIVER OF COURT FEES AND COSTS	CASE NUMBER: (5)

I request a court order so that I do not have to pay court fees and costs.

- (6) 1. a. ☐ I am not able to pay any of the court fees and costs.
 b. ☐ I am able to pay **only** the following court fees and costs (specify):
- (7) 2. My current street or mailing address is (if applicable, include city or town, apartment no., if any, and zip code):
- (8) 3. a. My occupation, employer, and employer's address are (specify):
 b. My spouse's occupation, employer, and employer's address are (specify):
- (9) 4. ☐ I am receiving financial assistance under one or more of the following programs:
 a. ☐ SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs
 b. ☐ CalWORKs: California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
 c. ☐ Food Stamps: The Food Stamp Program
 d. ☐ County Relief, General Relief (G.R.), or General Assistance (G.A.)
- (10) 5. If you checked box 4, you must check and complete one of the three boxes below, unless you are a defendant in an unlawful detainer action. Do not check more than one box.
 a. ☐ (Optional) My Medi-Cal number is (specify):
 b. ☐ (Optional) My social security number is (specify):
 ____ - ____ - _____ and my date of birth is (specify):
 [Federal law does not require that you give your social security number. However, if you don't give your social security number, you must check box c and attach documents to verify the benefits checked in Item 4.]
 c. ☐ I am attaching documents to verify receipt of the benefits checked in Item 4, if requested by the court.
 [See Form 982(a)(17)(A) Information Sheet on Waiver of Court Fees and Costs, available from the clerk's office, for a list of acceptable documents.]
- [If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]
- (11) 6. ☐ My total gross monthly household income is less than the amount shown on the information sheet on Waiver of Court Fees and Costs available from the clerk's office.
 [If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]
- (12) 7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments are true and correct.

(13) Date: _____ (14) _____ (15)

(TYPE OR PRINT NAME) (Financial information on reverse) (SIGNATURE)

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. [If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. My payroll deductions are (specify purpose and amount):

(1) \$ _____
 (2) \$ _____
 (3) \$ _____
 (4) \$ _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is

(a, minus b.): \$ _____

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) \$ _____
 (2) \$ _____
 (3) \$ _____
 (4) \$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c, plus d.): \$ _____

f. Number of persons living in my home:

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____
 (If more space is needed, attach page labeled Attachment 9f.)

g. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a, plus d, plus f.): \$ _____

10. I own or have an interest in the following property:

a. Cash \$ _____

b. Checking, savings, and credit union accounts (list banks):

(1) \$ _____
 (2) \$ _____
 (3) \$ _____
 (4) \$ _____

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

a. Rent or house payment & maintenance \$ _____
 b. Food and household supplies \$ _____
 c. Utilities and telephone \$ _____
 d. Clothing \$ _____
 e. Laundry and cleaning \$ _____
 f. Medical and dental payments \$ _____
 g. Insurance (life, health, accident, etc.) \$ _____
 h. School, child care \$ _____
 i. Child, spousal support (prior marriage) \$ _____
 j. Transportation and auto expenses (insurance, gas, repair) \$ _____

k. Installment payments (specify purpose and amount):

(1) \$ _____
 (2) \$ _____
 (3) \$ _____

The TOTAL amount of monthly installment payments is: \$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

m. Other expenses (specify):

(1) \$ _____
 (2) \$ _____
 (3) \$ _____
 (4) \$ _____
 (5) \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS - INSTRUCTIONS

This form is the order from the court either granting or denying your request to waive fees. The court fills out most of this form. The only part you will fill out are the nine items listed below. **[Note: The Court of Appeal can only waive the Court of Appeal filing fee of \$655.00.]**

Filling out the Order on Application for Waiver of Court Fees and Costs form:

- (1) Your name, street address, city, state, zip code and telephone number where you can be reached during the day.
- (2) Name of court where you are applying for waiver.
- (3) The plaintiff's name as it appears on your Superior Court caption.
- (4) The defendant's name as it appears on your Superior Court caption.
- (5) The Superior Court number from your Superior Court case. If you happen to have a Court of Appeal number, also put it here.
- (6) Date Application for Waiver of Court Fees and Costs was filed with the court.
- (7) Check this box and indicate whether a previous order regarding a fee waiver was issued. If yes, indicate the date it was sent.
- (8) Name of person applying for waiver.
- (9) Check box 3. If you are asking that the reporter's transcript fees be waived, check box (9) "Other" and write in "Reporter's transcript fees". [Please note: Number (7) "Reporter's Fees (valid for 60 days)" covers only that portion of the fees for taking the notes in the courtroom. This will not get you a waiver of the reporter's transcript fees.]

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): (1)		FOR COURT USE ONLY
TELEPHONE NO.:	FAX NO.:	
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF		CASE NUMBER: (5)
STREET ADDRESS: (2)		
MAILING ADDRESS:		
CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/ PETITIONER: (3)		
DEFENDANT/ RESPONDENT: (4)		

- ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS** (5)
- (6) 1. The application was filed on (date): (7) ☐ A previous order was issued on (date):
- (8) 2. The application was filed by (name):
- (9) 3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
- a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
- b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
- | | |
|---|--|
| (1) <input type="checkbox"/> Filing papers. | (6) <input type="checkbox"/> Sheriff and marshal fees. |
| (2) <input type="checkbox"/> Certification and copying. | (7) <input type="checkbox"/> Reporter's fees* (valid for 60 days). |
| (3) <input type="checkbox"/> Issuing process and certification. | (8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)). |
| (4) <input type="checkbox"/> Transmittal of papers. | (9) <input type="checkbox"/> Other (specify code section): |
| (5) <input type="checkbox"/> Court-appointed interpreter. | |
- * Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
- c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:
- (1) ☐ Pay (specify): _____ percent. (2) ☐ Pay: \$ _____ per month or more until the balance is paid.
- d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:
- | | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
- e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
- f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985 j):
- a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
- b. ☐ Other (Complete line 4b on page 2).
- c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
- d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
- a. The substantial evidentiary conflict to be resolved by the hearing is (specify):
- b. The applicant should appear in this court at the following hearing to help resolve the conflict:
- | | | | | |
|-------|-------|--------|-------|-------|
| Date: | Time: | Dept.: | Div.: | Room: |
|-------|-------|--------|-------|-------|
- c. The address of the court is (specify):
- ☐ Same as above
- d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.

WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.

Date:

☐

JUDICIAL OFFICER

☐

Clerk, by _____, Deputy

Form Adopted for Mandatory Use
Judicial Council of California
982(a)(18) (Rev. January 1, 2003)

**ORDER ON APPLICATION FOR WAIVER OF
COURT FEES AND COSTS (In Forma Pauperis)**

(Check box: GRANT is for a noncollaborative fee waiver; see Cal. Rules of Court, rule 985(i)) Page 1 of 2
Government Code, § 68511.3;
Cal. Rules of Court, rule 982

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at _____, California, on (date): _____

Clerk, by _____, Deputy



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy

COURTS & PUBLIC LAW LIBRARIES

COURTS

Superior Courts of San Diego and Imperial Counties

For filing all notices of appeal and requests for preparing the record accompanied by proofs of service use the San Diego County Superior Court except for cases in North County using the Vista Courthouse and cases arising out of Imperial County. The clerk of the Superior Court is located at:

Clerk, Appeals Section
San Diego County Superior Court
Central Division, P.O. Box 120128
220 West Broadway, Room 3005
San Diego, CA 92112-0128

The address for the North County Division is:

Clerk, Appeals Section
San Diego County Superior Court
North County Division
325 South Melrose Drive, Suite 1000
Vista, CA 92081-6643

The address for the Imperial County Superior Court is:

Imperial County Courthouse
Appellate Division
939 West Main Street
El Centro, CA 92243-2861

Telephone at Central is (619) 531-3144; in North County it is (760) 806-6170; in Imperial County it is (760) 482-4225.

California Court of Appeal

For filing motions and briefs in the Court of Appeal, the address is:

Clerk, Court of Appeal
Fourth District, Division One
750 "B" Street, Suite 300
San Diego, CA 92101

Main telephone is (619) 645-2760.

California Supreme Court

For filing copies of briefs and petitions for review in the California Supreme Court the address is:

California Supreme Court
Second Floor
300 South Spring Street
Los Angeles, CA 90013
(213) 830-7570

OR

California Supreme Court
350 McAllister Street
San Francisco, CA 94102
(415) 865-7000

PUBLIC LAW LIBRARIES

The San Diego County Public Law Library has the following locations.

1105 Front Street
San Diego, CA 92101
619-531-3900

Hours: Mon. 8AM-9PM
Tues-Thurs. 8AM-6PM
Fri. 8 AM-5PM
Sat. 10 AM - 5 PM
Sun. Closed

250 E. Main Street
El Cajon, CA 92020
(619) 441-4451

Hours: Mon.-Fri. 8 AM-5PM
Sat.-Sun. Closed

500 Third Avenue
Chula Vista, CA 91910
(619) 691-4929

Hours: Mon.-Fri. 9AM-4PM
Sat.-Sun. Closed

325 S. Melrose Drive
Suite 300
Vista, CA 92081
(760) 940-4386

Hours: Mon-Thurs. 8AM-6PM
Fri. 8 AM-5PM
Sat.-Sun. Closed

The Imperial County Public Law Library has the following location.

Imperial County Courthouse
939 West Main Street
El Centro, CA 92243
760-482-4374

Hours: Mon.-Fri. 8AM-Noon
Closed Noon-1PM
1 PM-5PM
Sat.-Sun. Closed